HEART HOUSE ROUNDTABLES

AMERICAN COLLEGE of CARDIOLOGY®

KEY TAKEAWAYS

Risk to Resilience: Addressing Weight Management in CV Care

Obesity is the most prevalent disease in human history and is an international public health crisis that is impairing the progress made over the preceding seven decades to reduce cardiovascular (CV) mortality. The ACC's Heart House Roundtable on **Risk to Resilience: Addressing Weight Management in CV Care** identified the following opportunities to address the complex challenges posed by obesity within the realm of CV care.

1 The CV community should be involved in the treatment and management of obesity given the demonstrated benefit of reduction in CV risk factors with new medications for obesity management.

- New medications for obesity management focus on nutrient-stimulated hormones (GIP and GLP-1) as single or combined targets and have demonstrated significant weight reduction in addition to a reduction in CV risk factors. More recently, a trial using semaglutide, which is a GLP-1 receptor agonist (SELECT trial -NEJM 2023), demonstrated a significantly decreased risk of CV death, nonfatal myocardial infarction, or stroke.

2 Obesity prevention and treatment are not mutually exclusive.

- Just as lung cancer can be prevented by smoking cessation and treated with medication, obesity prevention and treatment must be equally prioritized and pursued in parallel.

3 Obesity is a clinical diagnosis. Alternate assessment tools, in addition to established ones, should be considered for proper diagnosis of obesity.

- Defining obesity remains controversial. BMI can be used as a screening tool with consideration that cutoffs are different for different ethnicities (obesity cutoff 30 kg/m2 for Europid and 25 kg/m2 for South Asians). Alternate assessment tools such as waist circumference should be considered.

4 The goal of obesity management should be to optimize health outcomes, and not weight loss targets.

- Obesity management overlaps with specific weight targets such that a 5% weight reduction is the threshold for preventing CV risk factors (e.g. hypertension, hyperglycemia, dyslipidemia) and 15% weight reduction for reducing CV mortality.

5 Obesity conversations with patients should be patient-centric, mindful of weight stigma and bias, and consider psychological and cultural barriers to achieve optimal health status.

- Acknowledge the influence of culture on eating habits, recognize that managing obesity is a complex, lifelong process, and understand that obesity is not a matter of willpower, but is a chronic disease, and a risk factor for other conditions.

6 Obesity care is multi-modal and should include lifestyle modification in addition to consideration of newer and effective treatment modalities.

- Pharmacologic/surgical therapies include anti-obesity medications and bariatric procedures/surgeries. Patients should not have to fail lifestyle interventions to be offered newer and effective therapies if their risk justifies it.
- Lifestyle changes do not have the necessary potency to manage obesity. Other interventions are often necessary and should be used to augment lifestyle such that when the appetite is suppressed, better choices can be made.

7 A multidisciplinary approach from the CV team is the key to obesity management.

- There are opportunities for refined collaboration between primary care physicians, cardiologists, endocrinologists, pharmacists, behavioral therapists, and obesity experts to achieve an improved health status for the patient.

8 Advocacy from the CV community is imperative to impact change, such as limiting unhealthy foods in healthcare settings, schools, nursing homes, and within the general society.

- The cardiology community must advocate to address food system issues, such as food deserts that disproportionately affect minorities.